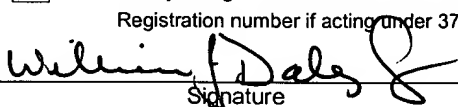


|  |   |   |                         |
|--|---|---|-------------------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>  |   | <b>Docket Number (Optional)</b><br>55106(71699) |                         |
| <b>Application Number</b> 09/663,989   |   | <b>Filed</b> September 18, 2000                 |                         |
| <b>For</b> METHODS AND SYSTEMS FOR IMAGE- GUIDED SURGICAL INTERVENTIONS  |   |   |                         |
| <b>Art Unit</b> 3737   |   | <b>Examiner</b> W. C. Jung                      |                         |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |   |   |                         |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |   |   |                         |
|  |   | <u>Fee</u>                                      | <u>Small Entity Fee</u> |
| <input type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$110.00  | \$55.00 \$              |
| <input checked="" type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$420.00  | \$210.00 \$ 210.00      |
| <input type="checkbox"/>   | Three months (37 CFR 1.17(a)(3))  | \$950.00  | \$475.00 \$             |
| <input type="checkbox"/>   | Four months (37 CFR 1.17(a)(4))   | \$1,480.00                                      | \$740.00 \$             |
| <input type="checkbox"/>   | Five months (37 CFR 1.17(a)(5))   | \$2,010.00                                      | \$1,005.00 \$           |
| <input checked="" type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |   |                         |
| <input checked="" type="checkbox"/>  | A check in the amount of the fee is enclosed.   |   |                         |
| <input type="checkbox"/>   | Payment by credit card. Form PTO-2038 is attached.  |   |                         |
| <input type="checkbox"/>   | The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |                         |
| <input checked="" type="checkbox"/>  | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105. I have enclosed a duplicate copy of this sheet. |   |                         |
| I am the <input type="checkbox"/> applicant/inventor.  |   |   |                         |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |   |   |                         |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____  |   |   |                         |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a) 35,487   |   |   |                         |
| <br>Signature   |   | September 22, 2004<br>Date                      |                         |
| William J. Daley<br>Typed or printed name  |   | (617) 439-4444<br>Telephone Number              |                         |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below |   |   |                         |
| <input type="checkbox"/>   | Total of 1 forms are submitted.   |   |                         |

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